SUPERANNUATION · VARIATION

Deed of variation.

Vary the deed of a superannuation fund, prepared by our legal partner. Stamping incurs an additional fee.

TIME TO COMPLETE	RETURN TO	QUESTIONS
10 min	team@cosecpartners.com.au	1300 226 226

FILLING THIS FORM

Type straight into the fields in Adobe Acrobat Reader, or print and complete by pen. **Required fields** are marked with an oxblood asterisk. Tick every box that applies and skip any section that does not apply to your order.

PLEASE ATTACH

A copy of the existing deed and every deed of variation must come with this order.

01 The fund.

NAME OF FUND *		STATE * *of operation*	

ORIGINAL DEED DATE *		LATER VARIATION DATES *if any*	

02 Variations required.

Tick each change. For anything else, describe it below and we will confirm a quote.

- ☐ Change of trustee(s) and/or member(s)
- ☐ Change of fund name
- ☐ Update the entire deed
- ☐ Other (describe below)

OTHER VARIATION DETAILS	

03 Current members.

Tick if a member is leaving the fund.

MEMBER 1 NAME	ADDRESS

MEMBER 1 LEAVING?

☐ Yes

MEMBER 2 NAME	ADDRESS

MEMBER 2 LEAVING?

☐ Yes

MEMBER 3 NAME	ADDRESS

MEMBER 3 LEAVING?

☐ Yes

MEMBER 4 NAME	ADDRESS

MEMBER 4 LEAVING?

☐ Yes

CORPORATE TRUSTEE	ACN

CORPORATE TRUSTEE ADDRESS

04 New members.

If applicable.

NEW MEMBER 1 NAME	ADDRESS

NEW MEMBER 2 NAME	ADDRESS

05 New corporate trustee.

If applicable.

CORPORATE TRUSTEE	ACN

CORPORATE TRUSTEE ADDRESS

06 New fund name.

If applicable.

NEW NAME OF FUND	

07 Additional notes.

Anything else we should know, or instructions for this order.

NOTES AND INSTRUCTIONS	

08 Your firm.

The firm or person placing this order with CoSec Partners.

FIRM *					
INDUSTRY	☐ Accounting ☐ Legal ☐ Financial planning ☐ Other				
CONTACT NAME *		PHONE *			
EMAIL *		PO NUMBER *if any*			
STREET ADDRESS					
SUBURB		STATE		POSTCODE	
DOCUMENTS	☐ PDF by email ☐ PDF plus printed, bound and delivered				

09 Declarations & signature.

BY SIGNING BELOW **I/we confirm each of the following.**

01 ☐ The information in this form is true and correct at the time of signing.

02 ☐ Every person named in this form has consented to their details being given to CoSec Partners, and to ASIC, the ATO or a solicitor where needed to complete this order.

03 ☐ **Appointment of agent.** To CoSec Partners: You are appointed to act as our agent to procure a deed and ancillary legal documentation from a solicitor, on the particulars set out in this form. In consideration for you acting as our agent, paying solicitors' costs, compiling the materials into a register and delivering them, we will pay you the amounts agreed.

04 ☐ **No advice.** We understand CoSec Partners does not provide legal, accounting, financial or stamp duty advice and takes no responsibility for taxation, legal or other liabilities arising from work done on our instructions. We have obtained our own advice on this transaction.

SIGNATURE OF AUTHORISED PERSON _____ FULL NAME _____ DATE _____

10 Payment & submission.

PAYMENT

We invoice on receipt. We review your order, send an itemised invoice with a secure card payment link, and proceed on settlement. EFT is also available: **ANZ, BSB 015-056, Account 225 324 305**, reference: name of fund. Please do not write card details on this form. Current pricing is at cosecpartners.com.au.

Three ways to *return this form.*

EMAIL
team@cosecpartners.com.au

PORTAL
cosecpartners.com.au/portal

PHONE
1300 226 226